ST. JOSEPH'S REGIONAL CENTER SUBACUTE

5000 WEST CHAMBERS STREET

MILWAUKEE 53210 Ownership: Nonprofit Church Phone: (414) 447-2080 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 16 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 28 No Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups		Less Than 1 Year 1 - 4 Years	100.0	
Supp. Home Care-Household Services	No			Under 65			0.0	
Day Services	No	· · · · · · · · · · · · · · · · · · ·	0.0	65 - 74	12.5	İ		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	43.8	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31.3	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	· -		
Congregate Meals No		Cancer	0.0					
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	31.3	65 & Over	93.8			
Transportation	No	Cerebrovascular	6.3			RNs	39.4	
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	0.0	
Other Services	No	Respiratory	18.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	43.8	Male	31.3	Aides, & Orderlies	38.8	
Mentally Ill	No			Female	68.8	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0	1		

Method of Reimbursement

		Medicare			dicaid tle 19			Other		P	rivate Pay	:		amily Care			lanaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	266	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		16	100.0

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	43.8		43.8	12.5	16
Other Nursing Homes	0.0	Dressing	43.8		43.8	12.5	16
Acute Care Hospitals	96.3	Transferring	43.8		50.0	6.3	16
Psych. HospMR/DD Facilities	0.0	Toilet Use	43.8		43.8	12.5	16
Rehabilitation Hospitals	2.6	Eating	81.3		6.3	12.5	16
Other Locations	0.0	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	463	Continence		%	Special Treatm	ents	%
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	18.8	Receiving Re	spiratory Care	0.0
Private Home/No Home Health	19.9	Occ/Freq. Incontinent	t of Bladder	6.3	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	49.5	Occ/Freq. Incontinent	t of Bowel	6.3	Receiving Su	ctioning	0.0
Other Nursing Homes	14.2				Receiving Os	tomy Care	0.0
Acute Care Hospitals	7.2	Mobility			Receiving Tu	be Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Me	chanically Altered Diet:	12.5
Rehabilitation Hospitals	7.7						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	1.5	With Pressure Sores		25.0	Have Advance	Directives	50.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	457				Receiving Ps	ychoactive Drugs	31.3

	This	Other	Hospital-		All
	Facility	Based Facilities		Fac	ilties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	50.0	87.4	0.57	85.1	0.59
Current Residents from In-County	93.8	84.3	1.11	76.6	1.22
Admissions from In-County, Still Residing	3.2	15.2	0.21	20.3	0.16
Admissions/Average Daily Census	3307.1	213.3	15.50	133.4	24.80
Discharges/Average Daily Census	3264.3	214.2	15.24	135.3	24.13
Discharges To Private Residence/Average Daily Census	2264.3	112.9	20.05	56.6	40.04
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	93.8	91.8	1.02	87.7	1.07
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00
General Medical Service Residents	43.8	21.8	2.01	20.5	2.13
<pre>Impaired ADL (Mean) *</pre>	32.5	48.9	0.66	49.3	0.66
Psychological Problems	31.3	51.6	0.61	54.0	0.58
Nursing Care Required (Mean) *	4.7	7.4	0.63	7.2	0.65